

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-1528.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service 10-8-01 and 10-22-01.
- b. The request was received on 6-6-02.

**II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. EOBs
  - d. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 7-11-02. No additional documentation was noted in the dispute packet.
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 7-11-02. There is no Carrier initial or 14 day response to this medical fee dispute in the file.

**III. PARTIES' POSITIONS**

1. Requestor: No position statement was noted in the dispute packet.
2. Respondent: No response noted in the dispute packet.

**IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 10-8-01 and 10-22-01.

2. The Carrier has denied the disputed services as reflected, on the EOB as “Appropriate AFFORDABLE PPO NETWORK discount applied to this charge.”
3. CPT Code 99244 was noted as paid on the EOB, pursuant to the MFG, and therefore will not be addressed on the table.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10-8-01	93307	\$764.00	\$-0-	C	\$380.00	TWCC Rule 133.304 (c); CPT Descriptors	No specific denial codes were noted as a line-by-line denial. The carrier did make some indication that a PPO discount had been applied. However, the carrier has failed to support this denial.  TWCC Rule 133.304 (c) states, “At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s). A generic statement that simply states a conclusion such as ‘not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.” The Carrier has not provided sufficient explanation of their denial as required by Rule 133.304 (c). Therefore, reimbursement is recommended in the amount of <b>\$1,329.00</b>
10-22-01	93015	\$575.00	\$-0-		\$238.00		
10-22-01	78465	\$1,325.00	\$-0-		\$711.00		
10-22-01	J0150	\$550.00	\$-0-		DOP		
10-22-01	A9505	\$192.00	\$-0-		DOP		
<b>Totals</b>		\$3,406.00	\$-0-				The Requestor is entitled to reimbursement in the amount of <b>\$1,329.00</b>

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$1,329.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

MDR: M4-02-3909-01

This Order is hereby issued this 07th day of November 2002.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division  
LL/ll